BEST AVAILABLE COPY PATENT APPLICATION

03560.002296.1.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
HIROYUKI TAKAHARA	:)	Examiner: Khaled Brown
Application No.: 09/892,409	:	Group Art Unit: 2877
Filed: June 28, 2001	:)	
For: IMAGE SENSOR UNIT AND IMAGE READER USING THE SAME) :)	December 31, 2003
	•	

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In response to the Office Action dated October 2, 2003, please amend unabove-identified application as follows. The claim changes are reflected in the listing that the page 2, and the Remarks begin at page 6.

In re Application of:

HIROYUKI TAKAHARA

Application No.: 09/892,409

Filed: June 28, 2001

For: IMAGE SENSOR UNIT AND IMAGE

READER USING THE SAME

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

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Docket No. 03560.002296.1.

Examiner: Khaled Brown

Group Art Unit: 2877

Date: December 31, 2003

TECHNOLOGY CENTER 2800:

		C	LAIMS AS AMEN	NDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 11	MINUS	** 20	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 3	MINUS	*** 4	= 0	x \$43 \$86	\$0.00
Fee for Mu	ıltiple Dependent cla	ims \$145°/	/\$290			
			TOTAL ADDITI			\$0.00

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write 20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

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	Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant Registration No. 47/38

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

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